

EXHIBIT 32

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria Del C. Rivera Irizarry

Participant's Address:

22 Estrella St. Ponce, P.R.

Participant's Email Address:

kokinrivera1@gmail.com

Name of Counsel:

The commonwealth of Puerto Rico - The employees retirement system of Puerto Rico

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

82433

Nature of Claim:

The retirement system of the Government

By:

Maria Del C. Rivera Irizarry of the employees retirement system of Puerto Rico

Signature

Maria Del C. Rivera Irizarry

Print Name

Title (if Participant is not an individual)

9-Sept. 2021

Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Maria Del C Rivera
22 Calle Estrella
Ponce, P.R. 00730

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Grand Central Station
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